

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001414

1. Entity Name

YAMAHA DE PANAMA S.A. (INCORPORATED)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90546 042 \*\*\*150.00

Principal Place of Business

Mailing Address

6303 BLUE LAGOON DRIVE  
SUITE 195  
MIAMI FL 33126  
US

6303 BLUE LAGOON DRIVE  
SUITE 195  
MIAMI FL 33126-6003  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0741393

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTERSTATE REGISTERED AGENT CORP  
701 BRICKELL AVE., STE 3000  
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

ABRIL 26, 2000

Signature of person or principal of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MANUEL ACEVEDO

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
YAMASHITA, TOSHIKI  
6303 BLUE LAGOON DRIVE, SUITE 195  
MIAMI FL 33126 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
ACEVEDO, MANUEL  
6303 BLUE LAGOON DRIVE, SUITE 195  
MIAMI FL 33126 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
YOSHIO, SAWAMOTO  
6303 BLUE LAGOON DRIVE, SUITE 195  
MIAMI FL 33126 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
SHIGEO HARIKAE  
6303 BLUE LAGOON DRIVE, SUITE 195  
MIAMI FL33126 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
MANUEL ACEVEDO

ABRIL 26, 2000.

Date

Daytime Phone #

CR2E034 (9/99)